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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 018/180C														
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 2px;">In re Application of</td><td style="width: 50%; padding: 2px;">Cech, et al.</td></tr><tr><td style="padding: 2px;">Application Number</td><td style="padding: 2px;">09/766,253</td></tr><tr><td colspan="2" style="padding: 2px;">Filed 22 Nov 2000</td></tr><tr><td colspan="2" style="padding: 2px;">For</td></tr><tr><td colspan="2" style="padding: 2px;">Novel Telomerase</td></tr><tr><td style="padding: 2px;">Group Art Unit</td><td style="padding: 2px;">1634</td></tr><tr><td colspan="2" style="padding: 2px;">Examiner Carla J. Myers, Ph.D.</td></tr></table>			In re Application of	Cech, et al.	Application Number	09/766,253	Filed 22 Nov 2000		For		Novel Telomerase		Group Art Unit	1634	Examiner Carla J. Myers, Ph.D.	
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</p><p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p><p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p><p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p><p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p><p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p><p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p><p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p><p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07/1139</u>.</p><p>I have enclosed a duplicate copy of this sheet.</p><p>I am the <input type="checkbox"/> applicant/inventor</p><p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p><p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record.</p><p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>40,253</u>.</p></div><div style="width: 35%; text-align: center; vertical-align: top;"><div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">RECEIVED</div><div style="margin: 5px auto; width: 80%;">AUG 06 2002</div><div style="margin: 5px auto; width: 80%;">TECH CENTER 1600/2900</div><div style="margin-top: 20px;"><table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; border-bottom: 1px solid black;">\$ 110.00</td><td style="width: 50%; border-bottom: 1px solid black;">02 AUG - 5</td></tr><tr><td style="border-bottom: 1px solid black;">\$ 10.50</td><td style="border-bottom: 1px solid black;">10:58</td></tr><tr><td style="border-bottom: 1px solid black;">\$</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="border-bottom: 1px solid black;">\$</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="border-bottom: 1px solid black;">\$</td><td style="border-bottom: 1px solid black;"></td></tr></table></div></div></div> <div style="margin-top: 20px;"><p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p><div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p><u>1 August 2002</u></p><p>Date</p></div><div style="width: 45%; text-align: center;"><div style="margin: 0 auto; width: 100px;"></div><p>Signature</p><p>J. Michael Schiff</p><p>Typed or printed name</p></div></div><p style="font-size: small; margin-top: 20px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><input checked="" type="checkbox"/> Total of <u>3</u> forms are submitted.</div></div>			\$ 110.00	02 AUG - 5	\$ 10.50	10:58	\$		\$		\$					
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Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.